Filed 11/23/16 Daniel C. v. Superior Court CA4/1

NOT TO BE PUBLISHED IN OFFICIAL REPORTS

COURT OF APPEAL, FOURTH APPELLATE DISTRICT

DIVISION ONE

STATE OF CALIFORNIA

DANIEL C., Petitioner, v. THE SUPERIOR COURT OF SAN DIEGO COUNTY, Respondent;	D070784 (San Diego County Super. Ct. No. J518198BC)
SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY, Real Party in Interest.	

PROCEEDINGS in mandate after referral to a Welfare and Institutions Code section 366.26 hearing. Gary M. Bubis, Judge. Petition denied. Request for stay denied.

Michelle Butler for Petitioner.

No appearance by Respondent.

Thomas E. Montgomery, County Counsel, John E. Philips, Chief Deputy County Counsel, and Dana C. Shoffner, Deputy County Counsel, for Real Party in Interest San Diego County Health and Human Services Agency.

Daniel C. contends the juvenile court erred when it set a hearing under Welfare and Institutions Code[1] section 366.26 to select and implement a permanency plan for his children, instead of returning his children to his custody or extending family reunification services to the 18-month review date. We deny the petition.

FACTUAL AND PROCEDURAL BACKGROUND

Daniel C. is the father of D.C., who is almost three years old, and S.C., who is twenty-two months old (together, the children). In October 2014, the San Diego County Health and Human Services Agency (Agency) offered voluntary services to Daniel. Daniel was caring for D.C. as a single parent in substandard living conditions. He had an on again, off again relationship with the children's mother, I. C.[2] I. had a significant history of methamphetamine use and involvement with child protective services for her older children. Daniel accepted voluntary services to mitigate the protective risks to then eight month-old D.C., who was diagnosed with failure to thrive. She was seriously underweight and the back of her head was flat.

---

1 Unless otherwise specified, statutory references are to the Welfare and Institutions Code.

2 I. does not appeal. We mention her in this opinion only where relevant to the issues raised on appeal.

I. was incarcerated at the time of S.C.'s birth in February 2015. The Agency filed a petition alleging the parents were unable to provide regular care for S.C. because of I.'s chronic methamphetamine use and incarceration, and Daniel's marijuana use. Several weeks later, the Agency filed a petition on behalf of D.C., alleging drug use by the parents, Daniel's failure to seek appropriate medical care for D.C. and other risk factors, including the presence of drug paraphernalia within her reach. Daniel had a history of cocaine and methamphetamine use, and had served time in state and federal prison.

The Agency was concerned about the stability of Daniel's mental health. He made aggressive, paranoid and threatening statements to a social worker and an intern. Daniel appeared to have rapid mood shifts. A paternal relative said Daniel had a "really bad temper" and, when angry, would throw tools and curse.

On May 4, 2015, the juvenile court sustained the section 300 petitions, removed the children from parental custody, and ordered a plan of reunification services. The Agency placed the children in separate placements with relatives. Daniel's reunification case plan required him to participate in a psychological evaluation, individual therapy, parenting education, anger management and substance abuse services with the objectives of maintaining a safe and stable residence, staying sober and improving his relationships with family members.

The Agency placed D.C. in foster care after her relative caregivers said they were overwhelmed caring for her and their own young children. They also reported Daniel came to their home uninvited shortly after D.C. was placed with them, and was yelling

and slamming doors. S.C.'s relative caregivers stopped supervising visits after Daniel threatened a family member.

During supervised visits with the children, Daniel made disparaging remarks about a caregiver and the social worker. At several visits, the social worker observed Daniel disassociating by talking to himself and staring into space. When redirected he cursed loudly in front of the children. The social worker was concerned about Daniel's inability to self-regulate and manage his temper even after completing parenting, family relationship, anger management and parenting education programs. The social worker set up a visitation coaching program for Daniel.

In September 2015, Daniel completed a psychological evaluation with Walter J. Litwin, Ph.D. Dr. Litwin diagnosed Daniel's mental health condition as Bipolar Disorder, Attention Deficit Hyperactivity Disorder by History, and substance abuse. Dr. Litwin deferred a possible diagnosis of Personality Disorder Not Otherwise Specified with Histrionic and Antisocial Features. He believed Daniel had more significant mental health issues than he was willing to acknowledge. Dr. Litwin stated if it were true that Daniel was free from substance abuse, as he claimed, Daniel was likely suffering from a cyclic mood disturbance. During the evaluation, Daniel had difficulty regulating his affect. He became agitated and overactive, and displayed periods of irritability, distractibility, and anger that he was unable to manage. Daniel harbored strongly negative feelings toward the Agency. Dr. Litwin concluded that Daniel's mental health condition currently rendered him unable to care for his children in a safe and secure

home. He recommended Daniel consult with a psychiatrist to treat cyclic mood disorder with medication.

After receiving a list of approved providers from the Agency, Daniel consulted with Kirby Wohlander, a licensed clinical social worker at East County Mental Health Clinic (the Clinic) on November 12. Daniel believed that Wohlander was a medical doctor. Daniel did not disclose his mental health diagnoses to Wohlander. He denied needing medication. In discussing Wohlander's assessment with the social worker, Daniel said "the doctor" told him the clinic treated low functioning persons with severe mental health issues. He did not understand why Daniel was requesting medication.

On December 1, at the contested six-month review hearing, the juvenile court found that Daniel had made some progress with his case plan and continued services to the 12-month review date.[3] The juvenile court denied Daniel's request for unsupervised visitation with the children and ordered him to undergo a medication evaluation with a psychiatrist.

On December 2, Daniel returned to the Clinic and met with Wohlander. Daniel telephoned the social worker and said he was told he did not need medication. The next day, the social worker tried to contact Wohlander, and met with him on January 8, 2016. The social worker contacted Daniel and encouraged him to return to the Clinic, which he did, and received a list of local psychiatrists.

---

3 The juvenile court terminated I.'s reunification services.

In April 2016, in reports prepared for the 12-month review hearing, the Agency recommended the juvenile court terminate Daniel's reunification services and set a section 366.26 hearing for the children. The social worker reported that D.C. received a screening in September 2015 to address developmental concerns. D.C. completed all of the recommended enrichment programs. She was thriving, talking and walking, and meeting all her developmental milestones. D.C. was very affectionate. She would tantrum when it was time for bed. S.C.'s caregivers reported that S.C. was an easy going child who rarely fussed. There were no concerns about her growth or development.

Daniel completed substance abuse services, anger management, parenting education and was actively participating in therapy. He consistently visited the children. Daniel had not made improvements to his home and told the social worker he would get a new residence when the children were returned to his care. Daniel's relationships with family members remained strained. During meetings with the social worker, Daniel continued to deny there were any protective issues and accused the social worker of physically abusing his children.

The social worker commended Daniel for his willingness to participate in services and the positive reports he received from service providers. His visits with the children were consistent and generally positive. However, the social worker said Daniel had not addressed the protective issues and made little change in his circumstances.

Daniel met with a psychiatrist on April 13 and was prescribed medication. He reported side effects and discontinued the medication. During a visit with D.C. in late June, Daniel was using inappropriate language. He alleged the Agency was impeding his

visitation with his children and became very upset. Daniel continued to yell and shout in front of D.C. The visitation monitor told Daniel he would have to calm himself or she would have to end the visit. Daniel was eventually able to calm down. However, at the end of the visit, D.C. had a tantrum when Daniel put her in her car seat. Daniel became angry, yelled at D.C. to stop crying, and shook the car seat while he yelled at her.

The 12-month review hearing was held on July 22 and August 2. The juvenile court admitted the Agency's reports in evidence. The social worker testified when she arrived to observe a visit earlier in the week, Daniel became angry and started to yell at her in front of the children. The social worker said she was concerned about Daniel's inability to calm himself. Daniel was hostile and angry, which was emotionally traumatizing for the children. Daniel completed every required service program but had not learned how to manage his anger and effectively parent his children.

The social worker did not believe the children could be safely returned to Daniel by the 18-month review hearing, which was in September. She would not change her recommendation if Daniel was on medication. The Agency would need to determine whether he could safely parent his children without angry outbursts.

Daniel testified when he arrived for visits, D.C. would run to the door, saying, "My daddy is here. My daddy is here." S.C. was more shy, but she would giggle when she saw him. Daniel completed his counseling program, which he found helpful. He did not continue to attend AA meetings because he did not want to listen to 50 people talk about using drugs or alcohol. Daniel said after he consulted with Wohlander, the juvenile court told him to see a doctor. However, the social worker told him Wohlander had his

information and he should return for a consultation, which he did. It took Daniel three months to get an appointment to see a psychiatrist. When he started the first medication, he became physically ill from a variety of side effects. His doctor said to stop taking the medication. Approximately six weeks earlier, Daniel tried a different medication but his vision became blurry. The doctor advised him to discontinue that medication. Daniel last saw his doctor three weeks earlier.

Daniel testified he did not have any mental health issues. He said the social worker manipulated the psychiatrist into prescribing medication for him. Daniel did not need psychiatric medication. People who talked to lampposts needed medication. Dr. Wohlander told him he functioned at too high a level to need psychiatric medication or to be a patient at his clinic. Daniel said the only protective issue for which he was responsible was not calling the police on I.

The juvenile court found that Daniel's technical compliance with his reunification case plan was "very, very good." The court did not believe that Daniel was using drugs. He kept a full-time job. The primary issue in the case concerned Daniel's emotional health, his "absolute inability" to regulate his emotions, and his lack of insight about the protective issues in the case. The juvenile court noted that Daniel was cursing during county counsel's closing argument. The juvenile court said it was unlikely Daniel would cooperate with the Agency if he had the children in his care. The juvenile court found that Daniel had made progress with the provisions of his case plan, but there was not a substantial probability the children could be safely returned to his care by the 18-month

hearing date. The court made a reasonable services finding, terminated reunification services, and set a section 366.26 hearing.

The juvenile court asked Daniel to remain in the courtroom until he was served with notice of the next hearing. Daniel said, "It doesn't really matter. The liars win. Liars win. Liars win. Fuck it." The record shows that Daniel stormed from the courtroom. He was very angry and smashed the doors open.

Daniel petitions for review of the juvenile court's orders. (§ 366.26, subd. (*l*); Cal. Rules of Court, rule 8.452.) He asks this court to remand the matter with directions to the juvenile court to vacate the section 366.26 hearing and order that additional family reunification services be provided to him. This court issued an order to show cause, the Agency responded, and the parties waived oral argument.

DISCUSSION

Daniel argues the social worker's concerns about his drug use, inadequate housing, and his anger and frustration with the Agency and in court do not support the finding that return to his custody would be detrimental to the children. He also contends the finding reasonable services were offered or provided to him, and the finding there is not a substantial probability the children would be returned to his care by the 18-month review date, are not supported by substantial evidence.

A

Legal Principles and Standard of Review

When a child is removed from parental custody, unless specified exceptions apply, the juvenile court must order services for the child and the parent to facilitate family

reunification. (§ 361.5, subds. (a), (b).) If a child is under three years of age on the date of the initial removal from parental custody, as here, reunification services are presumptively limited to six months, and may be provided "no longer than 12 months from the date the child entered foster care." (§ 361.5, subd. (a)(1)(B).)

At the 12-month review hearing, the juvenile court is required to order the return of the child to the physical custody of his or her parent unless it finds, by a preponderance of the evidence, the child's return would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child. (§ 366.21, subd. (f)(1).) If the child is not returned to parental custody, the juvenile court may continue the case to the 18-month review date if it finds that there is a substantial probability the child will be returned to the physical custody of his or her parent and safely maintained in the home within the extended period of time, or that reasonable services have not been provided to the parent. (§§ 361.5, subd. (a)(3); 366.21, subd. (g)(1).)

To find a substantial probability that the child will be returned to parental custody and safely maintained in the home within the extended period of time, the juvenile court is required to find all of the following:

> "(A) That the parent or legal guardian has consistently and regularly contacted and visited with the child.
>
> "(B) That the parent or legal guardian has made significant progress in resolving problems that led to the child's removal from the home.
>
> "(C) The parent or legal guardian has demonstrated the capacity and ability both to complete the objectives of his or her treatment plan and to provide for the child's safety, protection, physical and emotional well-being, and special needs." (§ 366.21, subd. (g)(1).)

The reviewing court must affirm an order setting a section 366.26 hearing if it is supported by substantial evidence. (*James B. v. Superior Court* (1995) 35 Cal.App.4th 1014, 1020.)

C

There Is Substantial Evidence to Support the Detriment Finding Under Section 366.21, Subdivision (f)(1)

The juvenile court found that the children's return to Daniel's custody would create a substantial risk of detriment to their safety, protection, or physical or emotional well-being. (§ 366.21, subd. (f)(1).) There is substantial evidence to support this finding. When D.C. was removed from his care, Daniel did not acknowledge any responsibility for the substandard care he provided to D.C. D.C. was significantly underweight. The back of her head was flat. Daniel's home was not safe or appropriate for a young child, and he had a significant criminal and substance abuse history. Daniel had an enmeshed relationship with the children's mother, who was a methamphetamine addict. Daniel's demeanor was angry and threatening with social workers. A family member said Daniel had a bad temper and could not control himself when angry. Later, a psychologist concluded that Daniel's mental health condition rendered him unable to care for his children in a safe and secure home, and recommended he seek psychiatric medication.

We do not reweigh the evidence. (*James B. v. Superior Court*, *supra*, 35 Cal.App.4th at p. 1021.) We acknowledge the record shows that Daniel loves his children. He visited them regularly and asked for increased visitation. Daniel participated in services and made some progress with his reunification case plan. At the

time of the 12-month review hearing, Daniel held a steady job, did not engage in any criminal behavior and did not appear to have a substance abuse problem. He no longer expressed any interest in having a relationship with the children's mother. Despite those positive factors, the record fully supports the conclusion Daniel did not ameliorate the protective risks to the children.

In arguing there is not substantial evidence to support the detriment finding, Daniel isolates three issues — the social worker's concerns about possible substance abuse, his current housing situation, and his angry outbursts — and argues that each of those issues, viewed separately, does not constitute substantial evidence of detriment. However, "[w]hen a trial court's factual determination is attacked on the ground that there is no substantial evidence to sustain it, the power of an appellate court *begins* and *ends* with the determination as to whether, *on the entire record*, there is substantial evidence, contradicted or uncontradicted, which will support the determination." (*Bowers v. Bernards* (1984) 150 Cal.App.3d 870, 873-874; *Elijah R. v. Superior Court* (1998) 66 Cal.App.4th 965, 969.) We review the entire record for substantial evidence to support the detriment finding, and do not limit our analysis to isolated parts of the record.

Daniel's current mental health condition was diagnosed as Bipolar Disorder and, possibly, Personality Disorder Not Otherwise Specified with Histrionic and Antisocial Features. Dr. Litwin believed Daniel had a cyclic mood disorder. Daniel could not control his outbursts when angered or frustrated. The record belies Daniel's claim his outbursts occurred only in the presence of the social worker or in court. Family members reported Daniel had anger management problems. S.C.'s relative caregiver refused to

supervise visitation because Daniel threatened a family member. Dr. Litwin described Daniel's anger, irritability and inability to self-regulate during his psychological assessment. Most significantly, shortly before the 12-month review hearing, Daniel lost his temper when D.C. had a tantrum and shook her car seat while yelling at her. There were numerous other incidences in which Daniel was hostile, angry and verbally abusive to others while visiting the children. The social worker said Daniel's behavior was emotionally traumatic for the children. Daniel's outbursts in the courtroom corroborated testimony he was unable to control his emotions in a variety of circumstances. At the time of the 12-month review hearing, Daniel continued to deny he had any mental health issues. He maintained he did not require any treatment for his mental health condition. Thus, Daniel's inability to regulate his anger and behavior still posed a substantial risk of detriment to the children.

In addition, despite his participation in services, the record shows that Daniel did not meet other requirements of his case plan — maintaining suitable housing for the children, cooperating with the Agency, and improving his relationships with family members, who could help provide a support network for the children. Daniel testified he would rent a suitable residence if the children were returned to him, thereby implicitly acknowledging his home was not safe or appropriate for the children. He refused to allow the social worker to assess the home, which lacked electricity and running water. In July 2016, the social worker made an unannounced visit to the home. Daniel was not there. The social worker observed that the home appeared to be in the same condition as it was at the beginning of the case. Under the terms of his case plan, Daniel needed to

demonstrate he could *maintain* a safe and suitable residence for the children. He did not do so.

The juvenile court did not believe Daniel would cooperate with the Agency if the children were returned to him. The record shows that Daniel yelled at and threatened social workers. He would not return the social worker's telephone calls, and he would not allow her to assess his home. Such lack of cooperation would isolate the children and hinder the social worker's efforts to protect them. The record supports a reasonable inference the children would also be isolated from their extended family. Daniel did not improve his relationship with family members who could mitigate risk to the children by providing an extended support system. Daniel blamed S.C.'s caregivers for the children's dependency proceedings and did not want to have a relationship with them. They loved S.C. and took excellent care of her. Thus, Daniel does not show he could place his children's needs for supportive, loving family relationships ahead of his own anger.

The record shows Daniel was not prepared to provide a safe, stable and appropriate home, with an adequate support system, to the children. There were unresolved issues concerning his mental health condition. Daniel was not able to control his anger and frustration in many situations, including when placing a tantrumming two-year old in her car seat. His reaction placed D.C.'s safety and emotional well-being at risk. Thus, there is substantial evidence to support the juvenile court's finding that returning the children to Daniel's care would create a substantial risk of detriment to their safety, protection or physical or emotional well-being. (§ 366.21, subd. (f)(1).)

D

There Is Substantial Evidence to Support the Finding There Is No Probability of Safe Return by the 18-Month Review Date4

To find a substantial probability that the child will be returned to parental custody and safely maintained in the home within the extended period of time, the juvenile court must find that the parent has had consistent and regular contact and visitation with the child, the parent has made significant progress in resolving problems that led to the child's removal from the home, and the parent has demonstrated the capacity and ability both to complete the objectives of his treatment plan and to provide for the child's safety, protection, physical and emotional well-being, and special needs." (§ 366.21, subd. (g)(1).)

The record contains substantial evidence to show that Daniel did not meet all three prongs of section 366.21, subdivision (g)(1). In his testimony at the 12-month hearing, Daniel refused to acknowledge any responsibility for his children's circumstances. He asserted his only mistake was not "calling the cops" on their mother. Daniel asserted he did not have any mental health issues. His failure to recognize that his own conduct placed his children at risk permits the reasonable inference he did not demonstrate the capacity and ability to complete the objectives of his treatment plan and provide for the

---

4 The juvenile court removed the children from parental custody on May 4, 2015. (§ 366.22, subd. (a)(1) [permanency review hearing must occur within 18 months after the date the child was originally removed from the physical custody of his or her parent].) Thus, the 18-month review date in the children's cases was on or before October 4, 2016, approximately two months from the conclusion of the 12-month hearing.

children's needs. In addition, there is substantial evidence to show that Daniel did not make substantial progress in ameliorating the conditions that led to the children's removal from his care. The social worker believed Daniel's circumstances were not significantly changed. In the 16 months since the dispositional hearing, Daniel did not improve his living conditions, improve his relationship with family members, or demonstrate any ability to control his anger. There is no showing that an additional two months of services would resolve those issues. Thus, the record supports the juvenile court's finding there was no substantial probability of safely returning the children to Daniel's care by the 18-month review date.

E

*Reasonable Service*s

Daniel contends there is not substantial evidence to support the juvenile court's findings that reasonable services were offered or provided to him. He contends the Agency did not offer or provide reasonable mental health services, and reasonable visitation services, to him, and the social worker did not meet her obligation to complete monthly compliance visits or maintain contact with Daniel's psychiatrist.

Family reunification services play a critical role in dependency proceedings. (§ 361.5; *In re Alanna A.* (2005) 135 Cal.App.4th 555, 563; *In re Joshua M.* (1998) 66 Cal.App.4th 458, 467; see 42 U.S.C. § 629a(a)(7).) Services "may include provision of a full array of social and health services to help the child and family and to prevent reabuse of children." (§ 300.2.) Reunification services should be tailored to the particular needs of the family. (*David B. v. Superior Court* (2004) 123 Cal.App.4th 768, 793-794, citing

In re Alvin R. (2003) 108 Cal.App.4th 962, 972 (*Alvin R.*).) At each review hearing, if the child is not returned to his or her parent, the juvenile court is required to determine whether "reasonable services that were designed to aid the parent . . . in overcoming the problems that led to the initial removal and the continued custody of the child have been provided or offered to the parent . . . ." (reasonable services finding). (§§ 366.21, subds. (e)(8) & (f), 366.22, subd. (a).)

The "adequacy of reunification plans and the reasonableness of the [Agency's] efforts are judged according to the circumstances of each case." (*Robin V. v. Superior Court* (1995) 33 Cal.App.4th 1158, 1164 (*Robin V.*).) To support a finding that reasonable services were offered or provided to the parent, "the record should show that the supervising agency identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained *reasonable* contact with the parents during the course of the service plan, and made *reasonable* efforts to assist the parents in areas where compliance proved difficult . . . ." (*In re Riva M.* (1991) 235 Cal.App.3d 403, 414 (*Riva M.*).)

In addition, to promote reunification, visitation must be as frequent as possible, consistent with the well-being of the child. (§ 362.1, subd. (a)(1)(A); *Alvin R.*, *supra*, 108 Cal.App.4th at p. 972.) "Visitation between a dependent child and his or her parents is an essential component of a reunification plan, even if actual physical custody is not the outcome of the proceedings." (*In re Mark L.* (2001) 94 Cal.App.4th 573, 580; *In re J.N.* (2006) 138 Cal.App.4th 450, 458.) The Agency is required to make reasonable efforts to assist the parents in areas where compliance proves difficult, including

providing transportation services or modifying the location of the visits. (*Riva M.*, *supra*, 235 Cal.App.3d at p. 414; *Robin V.*, *supra*, 33 Cal.App.4th at p. 1165; *Amanda H. v. Superior Court* (2008) 166 Cal.App.4th 1340, 1345.)

We review a reasonable services finding to determine if it is supported by substantial evidence. (*In re Christina L.* (1992) 3 Cal.App.4th 404, 413-414.) The burden is on the petitioner to show that the evidence is insufficient to support the juvenile court's findings. (*In re L.Y.L.* (2002) 101 Cal.App.4th 942, 947.)

1. *Mental Health Services*

Daniel asserts the Agency did not provide reasonable mental health services to him because he was not referred for a psychological evaluation until September 2015, the Agency did not implement the psychologist's recommendations and repeatedly sent Daniel to consult with an inappropriate provider.

The record shows Daniel had a psychological evaluation on September 17, 2015. The record is silent as to the date of referral. The social worker promptly set up all other services in Daniel's case plan. Thus, the record permits the reasonable inference she also submitted a referral for a psychological evaluation in a timely manner. At the six-month review hearing in December 2015, Daniel did not raise an issue concerning the adequacy of his services. The juvenile court found that reasonable services were offered or provided to Daniel. Thus, this issue has been forfeited on appeal. (*In re Dakota H.* (2005) 132 Cal.App.4th 212, 221-222.)

Daniel contends this case is similar to *In re K.C.* (2012) 212 Cal.App.4th 323 (*K.C.*), in which the reviewing court concluded there was not substantial evidence to

support a reasonable services finding. In *K.C.*, the parent underwent a psychological evaluation and was referred for a psychiatric examination to determine the extent to which he might benefit from psychotropic medication. The social worker's only attempt to assist the parent was to send him to a public mental health clinic, which determined he did not meet their criteria for treatment. The social worker made no attempt to secure another psychiatric examination. (*Id*. at p. 329.) She implied she believed that efforts to secure a psychiatric examination for the parent would be futile because the parent was opposed to taking medication. (*Id*. at p. 331.)

This case has significant differences from *K.C.* Here, although the social worker referred Daniel to a public mental health clinic, which determined he did not meet their criteria for treatment, she did not drop the matter, as did the social worker in *K.C.* The social worker telephoned the Clinic repeatedly in December 2015. She made another referral for a psychiatric evaluation with a TERM provider. When she heard back from the Clinic, she set up an in-person appointment to meet with Wohlander on January 8, 2016. Wohlander said Daniel asserted he did not have any mental health problems, did not know why he was sent to the Clinic, and did not disclose the results of his psychological evaluation. After discussing the case with the social worker, Wohlander offered to meet again with Daniel. The social worker contacted Daniel and encouraged him to return to the Clinic, which he did. Wohlander gave him a list of psychiatrists in the area, and Daniel was able to make an appointment with a psychiatrist, who evaluated him for psychotropic medication. The social worker also contacted the psychiatrist and

encouraged Daniel to follow up with treatment. Thus, we are not persuaded by Daniel's claim he did not receive reasonable mental health services.

2. *Visitation*

Daniel contends the Agency improperly limited his visitation. He argues in view of positive reports about his interactions with the children and participation in services, he should have been offered more frequent, unsupervised visitation. Daniel asserts his visits were arbitrarily reduced from three to two times a week because the Agency had scheduling problems. Daniel also contends he was not informed of the children's doctor appointments.

The record shows that throughout their dependency proceedings, Daniel visited D.C. and S.C. separately once a week and had another visit with both children. The record does not support his claim his visits were arbitrarily reduced to twice a week. On July 28, 2016, the visitation center staff tried to reschedule Daniel's Monday visit because of a scheduling conflict. Daniel refused to move the visit to Friday morning, citing his work schedule. The visitation center staff then offered to move Daniel's visit on Thursday. He did not agree to the schedule change.

The juvenile court held a hearing on Daniel's request for unsupervised visitation in December 2015. The court denied his request and ordered him to undergo a psychiatric evaluation for medication. Although Daniel complied with the court's order, Daniel's behaviors continued to be volatile. The social worker believed his outbursts during visitation were emotionally traumatizing to the children. Daniel also had problems managing both children together, and there were several incidents in which the visitation

supervisor or another person had to intervene. A visitation supervisor told the social worker she did not believe it was safe to allow Daniel to visit with the children in a less restricted area because of his behaviors. Thus, the Agency did not improperly limit Daniel's visitation. The record supports the reasonable inference the Agency carefully tailored visitation to protect the children.

Although there is not much information about the children's doctor visits in the record, the record permits the reasonable inference the children's respective caregivers were responsible for their medical care. The record shows that the caregivers initially supervised Daniel's visits with the children but became unwilling to do so due to his angry and threatening behaviors. Daniel also displayed angry and threatening behaviors in the presence of the social worker. Thus, to the extent Daniel was not notified of the children's medical visits, it was a reasonable response to his disruptive behaviors. In view of the visitation that was offered or provided to Daniel, any lack of notice about the children's doctor visits does not reflect a failure on the Agency's part to offer or provide reasonable visitation services to him.

3. *Agency Duties*

Daniel asserts the social worker did not make reasonable efforts to assess his progress with his case plan by contacting service providers, including his psychiatrist, and meeting with him every month. Daniel's argument is frivolous.

The record shows that Daniel had an intake with the psychiatrist on March 30. The social worker contacted the psychiatrist's office on March 31 and learned that Daniel was scheduled to consult the psychiatrist for a medication assessment on April 13. The

social worker telephoned Daniel's psychiatrist on April 26, 2016, and received an update on Daniel's treatment. The social worker telephoned the psychiatrist's office on July 25, 27 and 28, and left a message asking for an update on Daniel's treatment. The psychiatrist did not return her call. The social worker provided updates on Daniel's compliance with other services in her court reports.

The record also shows that the social worker tried to arrange to meet with Daniel, but he did not return her telephone calls. When Daniel saw the social worker at visits, he became irate. The social worker went to Daniel's home in March and July to try to meet with him, but he was not there. They had a meeting on July 27 to discuss his services. Daniel became agitated and said, "I am done, you are a liar Ms. Fortson and I am out of here."

The record shows that the Agency offered or provided the following services to Daniel during the children's dependency proceedings: a psychological evaluation, more than a year of individual therapy, a psychiatric examination for psychotropic medication, visitation, visitation coaching, anger management programs, parenting education, and substance abuse treatment and testing. Thus, we conclude there is ample evidence in the record to support the juvenile court's finding that reasonable services were offered or provided to Daniel.

DISPOSITION

The petition is denied. The request for stay is denied.

HUFFMAN, J.

WE CONCUR:

McCONNELL, P. J.

HALLER, J.